This AP form allows you to move funds FROM your Credit Union account to an external bank account

Not to operate as an assignment or an agreement

Authority for Automatic Payments

Payer Details:

Name of Bank _____

Name of account _____

Important – Please tick

☐ This is a new authority or

☐ As from ...../...../..... (first payment date), this authority replaces existing authorities for $..... in favour of the same payee.

ACCOUNT DETAILS

Bank / Branch / Account Number / Suffix ☐☐ - ☐☐☐☐ - ☐☐☐☐☐☐☐ - ☐☐☐

Details to appear on my/our Bank statement.

Particulars ☐☐☐☐☐☐☐☐☐☐☐☐ Code ☐☐☐☐☐☐☐☐☐☐☐☐ Reference ☐☐☐☐☐☐☐☐☐☐☐☐

FREQUENCY AND AMOUNT

First Payment Date	Last Payment Date	OR	Until further notice (tick)
...../...../.....	...../...../.....		☐

Frequency : ☐ Weekly ☐ Fortnightly ☐ Monthly or specify other period .....

Fixed amount $.....Amount in words.....

Complete if applicable (one option only)

Variable amount ☐ First ☐ Last $.....Amount in words.....

PAYEE DETAILS

Pay to the credit of: Name of Bank **Police and Families Credit Union** ..... .Branch: .....

Name of account: .....

Bank / Branch / Account Number / Suffix **0 3** **1 7 9 6** ☐☐☐☐☐☐☐ ☐☐☐

Details to appear on payees bank statement.

Particulars ☐☐☐☐☐☐☐☐☐☐☐☐ Code ☐☐☐☐☐☐☐☐☐☐☐☐ Reference ☐☐☐☐☐☐☐☐☐☐☐☐

CONDITIONS

1. The Police and Families Credit Union (trading as the Police Credit Union) will use reasonable care and skill to give effect to the directions given to it in this authority.
2. The Police Credit Union accepts no responsibility or liability for the accuracy of the information contained in the payment information fields on this authority.
3. I/We undertake to advise the Police Credit Union immediately of any information about payments shown on statements which is incorrect.
4. This authority is subject to any arrangement now or hereafter subsisting between myself/ourselves and the Police Credit Union in relation to my/our account.
5. The Police Credit Union may in its absolute discretion conclusively determine the order or priority of payment by it of any monies pursuant to this or any other authority or cheque which I/we may now or hereafter give to the Bank/PFCU to draw on ,my/our account.
6. The Police Credit Union may in its absolute discretion refuse to make any one or more payments pursuant to this authority where there are insufficient funds available in my/our account.
7. This authority may be terminated or reduced by the Police Credit Union or the payee without notice to me/us in respect of the payments detailed above.
8. This authority will remain in force and effect in respect of all payments made in good faith notwithstanding my/our death or bankruptcy or any revocation of this authority until notice of my/our death or bankruptcy or other revocation is received by the Police Credit Union.

AUTHORISATION

1. Please make this automatic payment as detailed by debiting my/our account.
2. I/We understand and accept that the Police Credit Union accepts this authority only on the conditions above.

Signature: ..... Contact ph:.....Date...../...../.....

Office use only: Date received...../...../..... Actioned by:.....